## MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALGULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTOLETS) **BLAIMS** APTER 181 AMENDMENT AS FILED AFTER END AMENDMENT IND. IND. DEP. BEP. IND. DEP. IND. IND. DEP. TOTAL IND. Ĵ TOTAL IND. TOTAL TOTAL \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1380 (REV. 3-78)

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